PART B - FEE(S) TRANSMITTAL

Complete and se	OIPE	ý	s - FEE(S) TRANS fee(s), to: Mail M		FEE		·
Complete and send this forms together with applicable fee(s), to:				mmissioner for O. Box 1450	r Pater	nts .	`
A A	PR 0 7 2008		Al	exandria, Virgi 71)-273-2885	inia 22.	313-1450	
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Washington, DC	L	(Depositor's name)					
04/08/2008 SDIRETA2	00000010 09325423		_			····	(Signature)
01 FC:1501)0-0P ₁	L				(Date)
APPLICATION NO.	FILING DATE	o op	FIRST NAMED INVENTOR	}	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
09/325,423	06/04/1999		SYED S. ALI			ALI-12-8-1	2792
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nonprovisional	NO	\$1440	\$0	\$0		\$1440	05/22/2008
EXAM	IINER	ART UNIT	CLASS-SUBCLASS]			
PHAN, Jo	OSEPH T	2614	379-088120				
1. Change of correspond CFR 1.363).	ence address or indication	2. For printing on the patent front page, list					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
"Fee Address" ind	lication (or "Fee Address 2 or more recent) attach	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	rpe)			
PLEASE NOTE: Un	less an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the part of the filling ar	patent. If an assign	nee is ide	entified below, the do	cument has been filed for
(A) NAME OF ASSI			(B) RESIDENCE: (CIT				
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Authorized Signature	Will	Bell		Date A	pril	7, 2008	
		. Bollman				36,457	
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